



Successful Youth • Strong Leaders • Safer Communities

POLICY

SUBJECT: Nondiscrimination of Youth
NUMBER: MGT-625-14
APPLICABLE TO: All staff
EFFECTIVE: December 22, 2014

APPROVED: /signature on original/
Sam Abed, Secretary

I. POLICY

It is the policy of the Department of Juvenile Services that staff shall not discriminate against any youth on the basis of age, race, ancestry, color, national origin or citizenship, place of residence, creed, genetic information, sex, sexual orientation, gender identity or expression, personal appearance, marital or familial status, source of income, mental or physical disability, or political views when making administrative decisions and in providing services to youth. DJS staff shall act in accordance with federal and State laws and applicable regulations to prohibit and ensure the absence of discrimination in all programs. Staff shall honor and respect the value and dignity of each youth served, and facilitate an environment that is free from discrimination on any basis.

II. AUTHORITY

- A. MD. CODE ANN., HUM. SERVS., §§ 8-707, 9-203, 9-204.
- B. 42 U.S.C. §§ 1981, 2000d, et. seq.

III. DIRECTIVES/POLICIES RESCINDED

- A. None.

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

There are no standard operating procedures associated with this policy.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	December 2014



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review

SUBJECT: Nondiscrimination of Youth
NUMBER: MGT-625-14
APPLICABLE TO: All staff
EFFECTIVE: December 22, 2014

I have received and reviewed a copy (electronic or paper) of the above titled policy.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINTED NAME

DATE

***THE ORIGINAL COPY MUST BE PLACED IN THE EMPLOYEE'S PERSONNEL FILE.
PLEASE RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES.***